Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02AL0239	A. BUILDING: _____ B. WING _____	04/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART HOMES AT LINTHICUM I	806 CAMP MEADE ROAD LINTHICUM, MD 21090

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E 000	Initial Comments On April 10, 2014 an Inspection of Care survey was conducted by representatives of the Office of Health Care Quality (OHCQ) to determine whether the immediate health and safety needs of the residents are being met and determining compliance with COMAR regulations 10.07.14, Assisted Living Program Regulations. Survey activities included a review of selected administrative, staff and residents' files, interview with staff and residents, observations, and a tour of the facility. The facility census at the time of the survey was fourteen (14) residents.	E 000		
E2600	.19 B6,7 .19 Other Staff--Qualifications (6) Receive initial and annual training in: (a) Fire and life safety, including the use of fire extinguishers; (b) Infection control, including standard precautions, contact precautions, and hand hygiene; (c) Basic food safety; (d) Emergency disaster plans; and (e) Basic first aid by a certified first aid instructor; (7) Have training or experience in: (a) The health and psychosocial needs of the population being served as appropriate to their job responsibilities; (b) The resident assessment process; (c) The use of service plans; and (d) Resident's rights; and This REQUIREMENT is not met as evidenced by: Based on administrative and staff record review	E2600		

OHCQ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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E2600	Continued From page 1 and interview with the ALM on 4/10/14, the licensee failed to have documentation of current training for Staff #2 as required. Findings include: Administrative and staff record review and interview with the ALM on 4/10/14 revealed that Staff #2's most recent training in Fire and Life Safety, Infection Control, Basic Food Safety and Emergency Preparedness is dated 3/13/13.	E2600		
E3330	.26 B1,2 .26 Service Plan B. Assessment of Condition. (1) The resident's service plan shall be based on assessments of the resident's health, function, and psychosocial status using the Resident Assessment Tool. (2) A full assessment of the resident shall be completed: (a) Within 48 hours but not later than required by nursing practice and the patient's condition after: (i) A significant change of condition; and (ii) Each nonroutine hospitalization; and (b) At least annually. This REQUIREMENT is not met as evidenced by: Based on administrative and resident record review on 4/10/14, the licensee failed to base the service plans on the resident's health, function, and psychosocial status using the Resident Assessment Tool. Findings include: Examples include: - Review of Resident #3's record revealed that the services for the diagnosis of "bipolar" are written as, "severe mood swings, racing speech	E3330		

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E3330	Continued From page 2 or movements, insomnia, severe sadness/hopelessness"; for "anxiety" are written as, "treat with medication and report changes", and for "dementia" the services are written as, "change in cognitive abilities and evidence of increase in disorientation". - Resident #3 had a recent eye surgery with new medications and treatments which are not addressed on this resident's service plan; and - Review of Resident #4's record revealed that the services for the diagnosis of "kidney disease" is, "kidney disease followed by nephrologist". Please adequately document services that the caregivers may provide to help the resident with their diagnoses. (It is recommended that the licensee consider using the new Resident Assessment Tool template with the Service Plan template found on the OHCQ web-site to comply with this citation, and with all further assessments and service plan development.)	E3330		
E3540	.29 C .29 Medication Management and Administration C. All medications shall be administered consistent with applicable requirements of COMAR 10.27.11. This REQUIREMENT is not met as evidenced by: Based on administrative, resident and staff record review and interview with the ALM (who is a Certified Medication Technician) on 4/10/14, the licensee failed to ensure that residents' medications were administered in compliance with COMAR 10.27.11.	E3540		

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E3540	Continued From page 3 Findings include: Per COMAR 10.27.11, Certified Medication Technicians (CMTs) are to administer medications by comparing the (1) signed Physician's Medical Order, the (2) Medication Administration Record (MAR) and the (3) Pharmacy's medication label for agreement (3 way check). Examples include: - Review of Resident #3's April, 2014 MAR revealed a discontinue hand written note on the Systane Lub eye drops order. Review of the physician order in the MAR revealed no discontinue note; - Observation of the controlled medication, double locked medications revealed Lorazepam 0.5 milligrams for Resident #3. Review of this resident's MAR revealed no transcription for Lorazepam, and no order; and - Further review of the April, 2014 MAR revealed transcriptions for Cosopt Eye drops, Alphegan Eye drops, Vigamox Eye drops, and Prenisolone Acetate drops which have no corresponding orders available on the MAR for the three way check as required. Review of Resident #1's MAR revealed that this resident was administered Ibuprofen for PRN pain on 4/1/14, 4/2/14, 4/3/14, 4/5/14, 4/6/14, 4/7/14 and 4/8/14 without a result regarding effectiveness documented as required.	E3540		
E3690	.29 N1 .29 Medication Management and Administration N. Required Documentation. (1) A staff member shall record the documentation required under §L of this regulation for all residents for whom medications	E3690		

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E3690	Continued From page 4 are administered, or who receive assistance in taking their medications, as defined by Regulation .02B(3)(b) of this chapter, at the time that the resident takes or receives medications. This REQUIREMENT is not met as evidenced by: Based on administrative and resident record review and interview with the ALM on 4/10/14, the licensee failed to ensure that medications are signed off at the time of administration. Findings include: Review of Resident #1's MAR at approximately 11:00 am on 4/10/14 revealed that a 1:00 pm Tylenol administration was signed off as being administered. Further review around the same time revealed that the 2:00 pm administration of Sinemet was signed off as being administered.	E3690		
E3710	.29 O .29 Medication Management and Administration O. Accounting for Narcotic and Controlled Drugs. (1) Staff shall count and record controlled drugs, such as narcotics, before the close of every shift. (2) The daily record shall account for all controlled drugs documented as administered on the medication administration record. (3) All Schedule II and III narcotics shall be maintained under a double lock system. This REQUIREMENT is not met as evidenced by: Observation of the medications and interview with the ALM on 4/10/14 revealed that a controlled medication was not double locked or counted as required.	E3710		

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E3710	Continued From page 5 Findings include: Observation of Resident #3's medications revealed a bingo card of Temazepam 15 milligrams along with all of this resident's other medications. This medication is a controlled medication, a benzodiazepine, and should be double locked and counted.	E3710		